

		FOR OHF USE					

LL1

2004  
STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC AID  
FINANCIAL AND STATISTICAL REPORT FOR  
LONG-TERM CARE FACILITIES  
(FISCAL YEAR 2004)

IMPORTANT NOTICE  
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0036640

Facility Name: ALDEN VALLEY RIDGE REHAB & HCC

Address: 275 EAST ARMY TRAIL ROAD BLOOMINGDALE 60108  
Number City Zip Code

County: DuPage

Telephone Number: (630) 893-9616 Fax # (630) 924-1059

IDPA ID Number: 36-3738956

Date of Initial License for Current Owners: 2/01/1991

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT  
☐ Charitable Corp.  
☐ Trust

IRS Exemption Code

☒ PROPRIETARY  
☐ Individual  
☐ Partnership  
☐ Corporation  
☒ "Sub-S" Corp.  
☐ Limited Liability Co.  
☐ Trust  
☐ Other

☐ GOVERNMENTAL  
☐ State  
☐ County  
☐ Other

In the event there are further questions about this report, please contact:  
Name: STEVEN M. KROLL Telephone Number: (773) 286-3883

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2004 to 12/31/2004 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or  
Administrator  
of Provider

(Signed) (Date)

(Type or Print Name) Joan Carl

(Title)

Paid  
Preparer

(Signed) (Date)

(Print Name and Title)

(Firm Name & Address)

(Telephone) ( ) Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE  
ILLINOIS DEPARTMENT OF PUBLIC AID  
201 S. Grand Avenue East  
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC

# 0036640 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,  
(must agree with license). Date of change in licensed beds NO CHANGE

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>207</u>	Skilled (SNF)	<u>207</u>	<u>75,762</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>207</u>	TOTALS	<u>207</u>	<u>75,762</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>23,853</u>	<u>2,731</u>	<u>9,967</u>	<u>36,551</u>	8
9	SNF/PED					9
10	ICF	<u>23,076</u>	<u>2,211</u>	<u>84</u>	<u>25,371</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>46,929</u>	<u>4,942</u>	<u>10,051</u>	<u>61,922</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed  
bed days on line 7, column 4.) 81.73%

D. How many bed-hold days during this year were paid by Public Aid?

NONE (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.  
(E.g., day care, "meals on wheels", outpatient therapy)

NONE

F. Does the facility maintain a daily midnight census? YES

G. Do pages 3 & 4 include expenses for services or  
investments not directly related to patient care?

YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐ NO ☒

I. On what date did you start providing long term care at this location?

Date started 02/01/91

J. Was the facility purchased or leased after January 1, 1978?

YES ☒ Date 02/01/91 NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒ NO ☐ If YES, enter number  
of beds certified 207 and days of care provided 8,011

Medicare Intermediary ADMINISTAR FEDERAL

IV. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED CASH\* ☐ CASH\* ☐

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 12/31/2004 Fiscal Year: 12/31/2004

\* All facilities other than governmental must report on the accrual basis.

## STATE OF ILLINOIS

Page 3

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC # 0036640 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

## V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>A. General Services</b>											
1	Dietary	395,886	28,837	9,600	434,323	876	435,199		435,199			1
2	Food Purchase		368,242		368,242	(32,633)	335,609	(16,644)	318,965			2
3	Housekeeping	195,874	35,522		231,396	459	231,855		231,855			3
4	Laundry	47,207	14,954		62,161	110	62,271		62,271			4
5	Heat and Other Utilities			224,191	224,191		224,191	1,069	225,260			5
6	Maintenance	31,196		137,671	168,867	65	168,932	8,117	177,049			6
7	Other (specify):* Relatd party salary							45,794	45,794			7
8	<b>TOTAL General Services</b>	670,163	447,555	371,462	1,489,180	(31,123)	1,458,057	38,336	1,496,393			8
	<b>B. Health Care and Programs</b>											
9	Medical Director											9
10	Nursing and Medical Records	2,612,748	156,374	18,000	2,787,122	3,839	2,790,961	(90,896)	2,700,065			10
10a	Therapy	97,146	11	32,242	129,399		129,399		129,399			10a
11	Activities	86,710	2,038		88,748		88,748		88,748			11
12	Social Services	39,315		6,519	45,834		45,834		45,834			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):* Relatd party salary							34,244	34,244			15
16	<b>TOTAL Health Care and Programs</b>	2,835,919	158,423	56,761	3,051,103	3,839	3,054,942	(56,652)	2,998,290			16
	<b>C. General Administration</b>											
17	Administrative	98,307			98,307		98,307		98,307			17
18	Directors Fees											18
19	Professional Services			772,765	772,765		772,765	(683,090)	89,675			19
20	Dues, Fees, Subscriptions & Promotions			46,892	46,892		46,892	(36,086)	10,806			20
21	Clerical & General Office Expenses	192,497	21,885	64,446	278,828	2,516	281,344	39,153	320,497			21
22	Employee Benefits & Payroll Taxes			501,974	501,974	24,768	526,742	(5,020)	521,722			22
23	Inservice Training & Education											23
24	Travel and Seminar			10,720	10,720		10,720	14,787	25,507			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			180,715	180,715		180,715	12,438	193,153			26
27	Other (specify):* Relatd party salary			242,663	242,663		242,663	172,299	414,962			27
28	<b>TOTAL General Administration</b>	290,804	21,885	1,820,175	2,132,864	27,284	2,160,148	(485,519)	1,674,629			28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	3,796,886	627,863	2,248,398	6,673,147		6,673,147	(503,835)	6,169,312			29

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			66,477	66,477		66,477	311,685	378,162			30
31	Amortization of Pre-Op. & Org.							1,961	1,961			31
32	Interest			100,830	100,830		100,830	529,041	629,871			32
33	Real Estate Taxes							173,741	173,741			33
34	Rent-Facility & Grounds			1,021,320	1,021,320		1,021,320	(1,021,320)				34
35	Rent-Equipment & Vehicles			24,405	24,405		24,405	24,820	49,225			35
36	Other (specify):* MIP & Amort							45,945	45,945			36
37	TOTAL Ownership			1,213,032	1,213,032		1,213,032	65,873	1,278,905			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		471,580	627,873	1,099,453		1,099,453	(285,513)	813,940			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		17		17		17	(19)	(2)			41
42	Provider Participation Fee			113,645	113,645		113,645		113,645			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		471,597	741,518	1,213,115		1,213,115	(285,532)	927,583			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	3,796,886	1,099,460	4,202,948	9,099,294		9,099,294	(723,494)	8,375,800			45

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

VI. ADJUSTMENT DETAIL A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	14,755	30		9
10	Interest and Other Investment Income	(35)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,574)	2		13
14	Non-Care Related Interest	(43,760)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(952)	21		17
18	Fines and Penalties	(8,434)	32		18
19	Entertainment	(171)	20		19
20	Contributions	(3,731)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(23,316)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(242,663)	27		24
25	Fund Raising, Advertising and Promotional	(29,169)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(6,363)	21		26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(212)	20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (345,625)		\$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(328,590)	Various	34
35	Other- Attach Schedule	(49,279)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (377,869)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B) )	\$ (723,494)		37

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1		\$		1
2	Late fees on utilities	(2,325)	5	2
3	Gift shop expenses (GL6944)	(19)	41	3
4	Misc Income (GL4977)	(1,403)	21	4
5				5
6	Marketing Manager (GL6701-100-009)	(36,071)	21	6
7	Back out % of Employee benefits for Mktg Mgr	(5,020)	22	7
8	Back out 31.78% of PAC fees from IHCA bills	(3,398)	20	8
9	Back out LP bank charges	(118)	21	9
10	Back out vendor settlement for prior year	(880)	21	10
11	Adj depreciation to equal Pg 13's	(303)	30	11
12	Adj deferred maint depreciation to actual	258	6	12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(49,279)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number ALDEN VALLEY RIDGE REHAB &amp; HCC

# 0036640

Report Period Beginning:

01/01/2004

Ending:

12/31/2004

## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,574)	0	0	(15,070)	0	0	0	0	0	0	0	(16,644)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,325)	0	3,394	0	0	0	0	0	0	0	0	1,069	5
6	Maintenance	258	0	10,136	0	0	0	(50)	(2,227)	0	0	0	8,117	6
7	Other (specify):*	0	0	45,794	0	0	0	0	0	0	0	0	45,794	7
8	<b>TOTAL General Services</b>	<b>(3,641)</b>	<b>0</b>	<b>59,324</b>	<b>(15,070)</b>	<b>0</b>	<b>0</b>	<b>(50)</b>	<b>(2,227)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>38,336</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	(77,755)	(13,141)	0	0	0	0	0	0	(90,896)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	34,244	0	0	0	0	0	0	0	0	34,244	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>34,244</b>	<b>(77,755)</b>	<b>(13,141)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(56,652)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(23,316)	4,100	(663,874)	0	0	0	0	0	0	0	0	(683,090)	19
20	Fees, Subscriptions & Promotions	(36,681)	0	595	0	0	0	0	0	0	0	0	(36,086)	20
21	Clerical & General Office Expenses	(45,787)	540	38,423	38,322	7,655	0	0	0	0	0	0	39,153	21
22	Employee Benefits & Payroll Taxes	(5,020)	0	0	0	0	0	0	0	0	0	0	(5,020)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	14,787	0	0	0	0	0	0	0	0	14,787	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	12,111	327	0	0	0	0	0	0	0	0	12,438	26
27	Other (specify):*	(242,663)	0	394,109	8,989	11,864	0	0	0	0	0	0	172,299	27
28	<b>TOTAL General Administration</b>	<b>(353,467)</b>	<b>16,751</b>	<b>(215,633)</b>	<b>47,311</b>	<b>19,519</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(485,519)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(357,108)</b>	<b>16,751</b>	<b>(122,065)</b>	<b>(45,514)</b>	<b>6,378</b>	<b>0</b>	<b>(50)</b>	<b>(2,227)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(503,835)</b>	<b>29</b>

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS
													(to Sch V, col.7)
30	Depreciation	14,452	286,691	9,144	0	1,398	0	0	0	0	0	0	311,685    30
31	Amortization of Pre-Op. & Org.	0	0	1,961	0	0	0	0	0	0	0	0	1,961    31
32	Interest	(52,229)	522,876	55,618	0	549	2,227	0	0	0	0	0	529,041    32
33	Real Estate Taxes	0	165,089	8,130	0	522	0	0	0	0	0	0	173,741    33
34	Rent-Facility & Grounds	0	(1,021,320)	0	0	0	0	0	0	0	0	0	(1,021,320)    34
35	Rent-Equipment & Vehicles	0	0	24,820	0	0	0	0	0	0	0	0	24,820    35
36	Other (specify):*	0	45,945	0	0	0	0	0	0	0	0	0	45,945    36
37	TOTAL Ownership	(37,777)	(719)	99,673	0	2,469	2,227	0	0	0	0	0	65,873    37
	Ancillary Expense												
	E. Special Cost Centers												
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0    38
39	Ancillary Service Centers	0	0	0	(30,290)	(39,433)	(215,790)	0	0	0	0	0	(285,513)    39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0    40
41	Coffee and Gift Shops	(19)	0	0	0	0	0	0	0	0	0	0	(19)    41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0    42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0    43
44	TOTAL Special Cost Centers	(19)	0	0	(30,290)	(39,433)	(215,790)	0	0	0	0	0	(285,532)    44
	GRAND TOTAL COST												
45	(sum of lines 29, 37 & 44)	(394,904)	16,032	(22,392)	(75,804)	(30,586)	(213,563)	(50)	(2,227)	0	0	0	(723,494)    45



VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
SEE PG. 7		SEE PG. 6K		SEE PG. 6K		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ X YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent Income	\$ 1,021,320	Valley Ridge Associates Limited Partnership		\$	\$ (1,021,320)	1
2	V	32	Interest Income-R/R	365	Valley Ridge Associates Limited Partnership			(365)	2
3	V	32	Int Income-Misc	82	Valley Ridge Associates Limited Partnership			(82)	3
4	V	19	Audit Fees		Valley Ridge Associates Limited Partnership		4,100	4,100	4
5	V	21	Other Admin Expenses		Valley Ridge Associates Limited Partnership		540	540	5
6	V	33	Real Estate Taxes		Valley Ridge Associates Limited Partnership		165,089	165,089	6
7	V	26	Property & Liability Ins		Valley Ridge Associates Limited Partnership		12,111	12,111	7
8	V	32	Int on Mortgage Loan		Valley Ridge Associates Limited Partnership		523,323	523,323	8
9	V	36	Mortgage Ins Premium		Valley Ridge Associates Limited Partnership		44,347	44,347	9
10	V	30	Depreciation		Valley Ridge Associates Limited Partnership		286,691	286,691	10
11	V	36	Amortization		Valley Ridge Associates Limited Partnership		1,598	1,598	11
12	V								12
13	V								13
14	Total			\$ 1,021,767			\$ 1,037,799	\$ * 16,032	14

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	19	Professional fees	\$ 675,884	Alden Management Services		\$ 12,010	\$ (663,874)	15
16	V	21	Clerical and G & A		Alden Management Services		38,423	38,423	16
17	V	5	Utilities		Alden Management Services		3,394	3,394	17
18	V	6	Maintenance		Alden Management Services		10,136	10,136	18
19	V	24	Travel & seminar		Alden Management Services		14,787	14,787	19
20	V	26	Insurance		Alden Management Services		327	327	20
21	V	20	Dues/subscriptions/fees etc		Alden Management Services		595	595	21
22	V	30	Depreciation		Alden Management Services		9,144	9,144	22
23	V	31	Amortization		Alden Management Services		1,961	1,961	23
24	V	33	Real estate taxes		Alden Management Services		8,130	8,130	24
25	V	35	Rent-equipment/vehicles		Alden Management Services		24,820	24,820	25
26	V	32	Interest		Alden Management Services		55,618	55,618	26
27	V	7	Salaries-general serv		Alden Management Services		45,794	45,794	27
28	V	15	Salaries-health care		Alden Management Services		34,244	34,244	28
29	V	27	Salaries-general admin		Alden Management Services		394,109	394,109	29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 675,884			\$ 653,492	\$ * (22,392)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ X

 YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	2	Tube-feeding	\$ 29,656	Pyramid Health Care		\$ 14,586	\$ (15,070)	15
16	V	10	Nursing supplies	82,837	Pyramid Health Care		5,082	(77,755)	16
17	V	39	Per diems/other supplies	68,840	Pyramid Health Care		38,550	(30,290)	17
18	V	21	Gen'l & admin		Pyramid Health Care		38,322	38,322	18
19	V	27	Gen'l & admin salaries		Pyramid Health Care		8,989	8,989	19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 181,333			\$ 105,529	\$ * (75,804)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	drugs	\$ 157,401	Forum Extended Care II		\$ 135,764	\$ (21,637)	15
16	V	10	house stock	5,450	Forum Extended Care II		4,701	(749)	16
17	V	39	I.V.	129,457	Forum Extended Care II		111,661	(17,796)	17
18	V	22	employee benefits		Forum Extended Care II				18
19	V	21	gen'l & admin		Forum Extended Care II		7,655	7,655	19
20	V	32	interest		Forum Extended Care II		549	549	20
21	V	33	real estate tax		Forum Extended Care II		522	522	21
22	V	30	depreciation		Forum Extended Care II		1,398	1,398	22
23	V	27	gen'l & admin salaries		Forum Extended Care II		11,864	11,864	23
24	V	10	pharmacy consulting	12,392	Forum Extended Care II			(12,392)	24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 304,700			\$ 274,114	\$ * (30,586)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Therapy	\$ 603,839	Community Physical Therapy		\$ 388,049	\$ (215,790)	15
16	V	32	Interest		Community Physical Therapy		2,227	2,227	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 603,839			\$ 390,276	\$ * (213,563)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs & maintenance	\$ 34,357	Alden Bennett Construction		\$ 34,307	(50)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 34,357			\$ 34,307	\$ * (50)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Carpet cleaning	\$ 15,560	Alden Realty - Carpet Care		\$ 13,925	\$ (1,635)	15
16	V	6	Floor cleaning	6,084	Alden Realty - Floor Care		5,492	(592)	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 21,644			\$ 19,417	\$ * (2,227)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number ALDEN NURSING CENTER - VALLEY RIDGE # 003-6640 Report Period Beginning 01/01/04 Ending: 12/31/04

RELATED NURSING HOMES	
Name	City
Note: ANC = Alden Nursing Center	
ANC Lakeland	Chicago
ANC Long Grove	Long Grove
ANC Heather	Harvey
ANC Lincoln Park	Chicago
ANC Northmoor	Chicago
ANC Town Manor	Chicago
ANC Terrace of McHenry	McHenry
ANC Morrow	Chicago
ANC Wentworth	Chicago
ANC Naperville	Naperville
ANC Waterford	Aurora
ANC Village for Children & Young Adults	Bloomingtondale
ANC Orland Park	Orland Park
ANC Princeton	Chicago
Alden of Old Town East	Bloomingtondale
Alden of Old Town West	Bloomingtondale
Alden Trails	Bloomingtondale
Alden Northshore	Skokie
ANC Des Plaines	Des Plaines
ANC Des Plaines II	Des Plaines
ANC Alma Nelson	Rockford
ANC Park Stratmoor	Rockford
ANC Meadow Park	Rockford
ANC Poplar Creek	Hoffman Estates
ANC Governs Park	Barrington
ANC Gardens of Rockford	Rockford

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
The Forum Prof. Center	Chicago	Office rental
Pyramid Health Care	Chicago	Nursing supplies
Forum Extended Care II	Chicago	Pharmacy
Alden Management	Chicago	Management
Alden Estates of Evanston	Evanston	Assisted living
Community Physical Therapy	Wood Dale	Therapy provider
Courts of Waterford	Aurora	Alzheimers unit
Gardens of Waterford	Aurora	Assisted living



Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC # 0036640 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

# **VII. RELATED PARTIES (continued)**

## **C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.**

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A Schlossberg	President	a	34.00	215,400	2.172	5.43	salary	\$ 12,364	27-7	1
2	Lauren Magnusson	Clinical Coord	b	A	69,557	2.172	5.43	salary	3,992	15-7	2
3	Terry Magnusson	Maint Super.	c	A	47,286	2.172	5.43	salary	2,714	7-7	3
4	Joan Carl	Vice president-AMS.	d	15.00	215,400	2.172	5.43	salary	12,364	27-7	4
5											5
6	a. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										6
7	b. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										7
8	c. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										8
9	d. Joan Carl is the Secretary of Alden Management Services and all nursing facilities. She has an equity interest in Town Manor, Princeton, Valley Ridge,										9
10	North Shore, Orland Park, and Waterford. She has an equity interest in the real estate of Alma Nelson, Park Strathmoor, and Meadow Park.										10
11											11
12											12
13								TOTAL	\$ 31,434		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).  
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME  
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC # 0036640 Report Period Beginning: 01/01/2004 Ending: 2/31/2004

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization ALDEN MANAGEMENT SERVICES, INC.  
Street Address 4200 W. PETERSON AVE.  
City / State / Zip Code CHICAGO, IL 60646  
Phone Number ( 773) 286-3883  
Fax Number ( 773) 286-3743

	1 Schedule V Line Reference	2  Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4  Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
	1	SEE PG. 8A (ALSO ON PG. 6A)				\$	\$		\$	1
	2									2
	3									3
	4									4
	5									5
	6									6
	7									7
	8									8
	9									9
	10									10
	11									11
	12									12
	13									13
	14									14
	15									15
	16									16
	17									17
	18									18
	19									19
	20									20
	21									21
	22									22
	23									23
	24									24
	25	TOTALS				\$	\$		\$	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	Cambridge Realty		X	Mortgage	\$50,767.00	9/02	\$ 9,009,300	\$ 8,830,302	8/2037	5.9000	\$ 523,323	1	
2												2	
3	Bank Leumi		X	working capital	varies	5/31/04	1,000,000	873,856	5/31/05	varies	45,209	3	
4	Other-Therapeutic Syst	X		working capital	varies						2,295	4	
5	Interest on Bus Loan	X		Operations	varies						1,132	5	
	Working Capital												
6	Related party-AMS	X		Working Capital							55,618	6	
7	Related party -FECII	X		Working Capital							549	7	
8	Related party - CPT	X		Working Capital							2,227	8	
9	TOTAL Facility Related					\$50,767.00		\$ 10,009,300	\$ 9,704,158			\$ 630,353	9
	B. Non-Facility Related*												
10	Valley Ridge Assoc	X		Replacement Res int							(365)	10	
11	Valley Ridge Assoc	X		Misc interest							(82)	11	
12	Corp GL4646 offset interest expense with interest income										(35)	12	
13												13	
14	TOTAL Non-Facility Related							\$	\$			\$ (482)	14
15	TOTALS (line 9+line14)							\$ 10,009,300	\$ 9,704,158			\$ 629,871	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 44,347 Line # 36

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.  
(See instructions.)

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.  
(See instructions.)

Facility Name &amp; ID Number ALDEN VALLEY RIDGE REHAB &amp; HCC

# 0036640 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

## IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

## B. Real Estate Taxes

		<b>Important</b> , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		
1. Real Estate Tax accrual used on 2003 report.	\$	167,600		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	\$	163,889		2
3. Under or (over) accrual (line 2 minus line 1).	\$	(3,711)		3
4. Real Estate Tax accrual used for 2004 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	168,800		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>	\$			5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$                  For                  Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>	\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$	165,089		7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	1999	135,032	8	
	2000	139,537	9	
	2001	143,975	10	
	2002	161,163	11	
	2003	163,889	12	
<b>Accrual based on 3% increase over prior year's bills.</b>				

FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2003	\$
14	PLUS APPEAL COST FROM LINE 5	\$
15	LESS REFUND FROM LINE 6	\$
16	AMOUNT TO USE FOR RATE CALCULATION	\$

13	
14	
15	
16	

**NOTES:**

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2003 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2003 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2003.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2003 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2004 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions,

2003 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME ALDEN VALLEY RIDGE REHAB & HCC COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0036640

CONTACT PERSON REGARDING THIS REPORT STEVEN M. KROLL

TELEPHONE (773) 286-3883 FAX #: (773) 286-3743

A. Summary of Real Estate Tax Cos

Enter the tax index number and real estate tax assessed for 2003 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursir home property which is vacant, rented to other organizations, or used for purposes other than long term care must not l entered in Column D. Do not include cost for any period other than calendar year 2003

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. 02-23-301-019	Nursing home facility	\$ 2,569.26	\$ 2,569.26
2. 02-23-301-020	Nursing home facility	\$ 161,320.08	\$ 161,320.08
3.	Related Party - Alden Management	\$ 149,765.00	\$ 8,130.00
4.	Related Party - Forum	\$ 13,827.00	\$ 522.00
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 327,481.34	\$ 172,541.34

B. Real Estate Tax Cost Allocation:

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used

C. Tax Bills

Attach a copy of the original 2003 tax bills which were listed in Section A to this statement. Be sure to use the 200 tax bill which is normally paid during 2004

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: **72,046** B. General Construction Type: Exterior **BRICK** Frame **STEEL** Number of Stories **3**

C. Does the Operating Entity? ☐ (a) Own the Facility ☒ (b) Rent from a Related Organization. ☐ (c) Rent from Completely Unrelated Organization.  
(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? ☐ (a) Own the Equipment ☒ (b) Rent equipment from a Related Organization. ☐ (c) Rent equipment from Completely Unrelated Organization.  
(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? ☐ YES ☒ NO  
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:  
3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:  
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

		1	2	3	4	
A. Land.		Use	Square Feet	Year Acquired	Cost	
1		NURSING HOME		1990	\$ 317,233	1
2						2
3		TOTALS			\$ 317,233	3

**XI. OWNERSHIP COSTS (continued)**
**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$		4
5	207		1991		6,027,235	191,340	30	200,908	9,568	2,845,221	5
6											6
7											7
8	Related party-Forum			1978	16,213		22			16,213	8
	Improvement Type**										
9	LEASEHOLD IMPROVEMENTS			1991	1,644,299	58,820	VARIOUS	64,007	5,187	886,148	9
10	REPAIR A/C,CONTROL SYSTEM & PUMP/MISC.			1991	18,611		5			18,611	10
11	EXHAUST FAN/HVAC/BURNISHER/MISC.			1992	32,815	1,260	5,10 & 15	1,260		29,445	11
12	PIPE INSULATION/HVAC/MISC.			1993	31,308	1,030	5,10,15 &17	1,030		26,875	12
13	SEWER WORK/CARPETING/ROOFING/INJECTOR PUMP			1994	28,814	1,035	5,10 & 25	1,035		24,959	13
14	REPAIR PUMPS/FAUCETS/HVAC/REGROUT SHOWERS/MSC			1995	28,634	2,272	10,15 & 20	2,272		22,266	14
15	ROOF REPAIR			1996	3,200	320	10	320		2,773	15
16	ROOF REPAIR			1996	2,500	250	10	250		2,104	16
17	PARKING LOT LIGHTING			1996	3,716	248	15	248		2,085	17
18	PARKING LOT LIGHTING,EMRGNCY SERVICE-POWER OUT			1997	8,767		5			8,767	18
19	REPAIR PUMP			1997	1,800		5			1,800	19
20	ROOF REPAIRS			1997	2,590		5			2,590	20
21	REPLACE COMPRESSOR			1997	6,885		5			6,885	21
22	REPLACE MIXING VALVE			1997	2,763		5			2,763	22
23	REPAIR PUMP			1997	2,161		5			2,161	23
24	REPLACE PUMP			1997	6,293		5			6,293	24
25	REPLACED COMPRESSOR			1997	5,000	3,085	5	3,085		5,000	25
26	ROOF REPAIRS			1997	1,800		5			1,800	26
27	DOOR HOLDER			1997	4,088	409	10	409		2,896	27
28	PARKING LOT			1997	131,918	6,596	20	6,596		45,648	28
29	INSTALL WALL PLATES/OUTLETS			1997	4,968	497	10	497		3,602	29
30	INSTALL CABLE			1998	5,244	524	10	524		3,365	30
31	PAINTING			1998	52,000	2,600	20	2,600		16,683	31
32	CARPETING			1998	59,500	2,975	20	2,975		19,090	32
33	DRAPERIES			1998	13,000	650	20	650		4,171	33
34	ROOF			1998	79,000	3,950	20	3,950		25,346	34
35											35
36											36

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	OIL/DRIER ON STAGE COMPRESSOR	1998	\$ 2,900	\$ 193	15	\$ 193	\$	\$ 1,305	37
38	REPAIR TOWER	1998	2,727	182	15	182		1,182	38
39	REPLACE PRESSURE RELIEF VALVE	1998	1,940	129	15	129		841	39
40	CARPETING	1998	1,667		5			1,667	40
41	CARPETING	1998	15,858		5			15,858	41
42	CARPETING	1998	5,000		5			5,000	42
43	REPAIR FUEL PUMP ON GENERATOR	1998	2,532	127	20	127		802	43
44	FLOOR TILE	1998	4,876	487	10	487		3,047	44
45	REPAIR SHAFT AND GEAR REDUCER ON DRYER	1998	2,058	206	10	206		1,286	45
46	REPAIR VALVE IN THERAPY ROOM	1998	1,505	100	15	100		619	46
47	REPLACE HEAT PUMP	1998	3,773	252	15	252		1,551	47
48	CARPETING	1998	20,000		5			20,000	48
49	CARPETING	1998	18,082		5			18,082	49
50	Alden Bennet Construction (tank replacement)	1999	12,409	827	15	827		4,895	50
51	Northtown (repair dishwasher)	1999	1,695	170	10	170		1,003	51
52	Climate Service (replace hot water heater)	1999	9,561	637	15	637		3,665	52
53	Taylor Plumbing (pump repair)	1999	1,728	86	5	86		1,728	53
54	Ashland Plumbing & Heating Co. (furnished and installed ejector pump)	1999	6,658	444	15	444		2,515	54
55	Rykoff-Sexton (booster heater)	1999	1,893	189	10	189		1,073	55
56	Climate Service (cleaned condenser and tower)	1999	2,642	264	10	264		1,475	56
57	Patten Industries(generator repair)	1999	2,870	287	10	287		1,578	57
58	Fox Valley Fire & Safety(nurse call system repair)	1999	1,510	101	15	101		529	58
59	Fox Valley Fire & Safety(nurse call system repair)	1999	1,632	109	15	109		571	59
60	Climate Service(repair tower fan)	1999	4,733	473	10	473		2,485	60
61	Climate Service(repair tower fan)	1999	2,405	241	10	241		1,263	61
62	New Horizons(replace power supply for phone system)	1999	3,767	377	10	377		1,978	62
63	Patten Industries(rebuild generator)	1999	7,884	394	20	394		2,004	63
64	Alco(nuts, bolts, lock extensions, tube cap,head screw)	1999	1,779	326	5	326		1,779	64
65	System Electric(repair dedicated circuits)	2000	2,461	164	15	164		807	65
66	Capps Plumbing (repair ejector pumps)	2000	4,970	331	15	331		1,629	66
67	Fox Valley (re-wire smoke detectors)	2000	14,576	1,458	10	1,458		6,924	67
68	Harold(repair dish machaine)	2000	962	192	5	192		834	68
69	Harold(repair dish machaine)	2000	1,328	266	5	266		1,128	69
70	TOTAL (lines 4 thru 69)		\$ 8,395,503	\$ 286,873		\$ 301,628	\$ 14,755	\$ 4,146,663	70

\*\*Improvement type must be detailed in order for the cost report to be considered complete.



XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 8,395,503	\$ 286,873		\$ 301,628	\$ 14,755	\$ 4,146,663	1
2	new horizons-install phone line	2000	2,742	274	10	274		1,234	2
3	CSI -Coker Service (new motor)	2001	3,865	386	10	386		1,481	3
4	State mandated tank removal	2001	12,242	816	15	816		32,675	4
5	Water Pump repair	2001	1,706	341	5	341		1,222	5
6	GT (new shaft)	2001	2,491	498	5	498		1,702	6
7	new horizons-install phone line	2001	1,572	314	5	314		1,048	7
8	GT (replace fan blade)	2001	3,534	707	5	707		2,356	8
9	Alco sales & service (beds)	2001	2,324	232	10	232		775	9
10	Alco sales & service (beds)	2001	233	23	10	23		76	10
11	GT (repalace motor)	2001	791	79	10	79		257	11
12	GT (replace heat exchanger)	2001	1,332	266	5	266		843	12
13	GT (repair leaking piping)	2001	1,381	276	5	276		875	13
14	GT (refund for shaft)	2002	(2,491)	(498)	5	(498)		(1,494)	14
15	ABC (misc. repair)	2002	2,126	425	5	425		1,276	15
16	GT (compressor)	2002	4,290	286	15	286		667	16
17	Capps (install drain)	2002	2,585	517	5	517		1,508	17
18	SMT healthcare system(body lift)	2002	10,132	675	15	675		1,745	18
19	ABC --(carpet in two elevators))	2002	1,279	128	10	128		363	19
20	ABC (new gate)	2002	3,362	336	10	336		841	20
21	ABC-New door	2003	2,102	210	10	210		333	21
22	ABC-Southland-New Floor	2003	857	86	10	86		171	22
23	ABC- Bathroom	2003	735	73	10	73		92	23
24	CSI-repair dishwasher	2003	2,111	422	5	422		809	24
25	ABC-GT Mech. Repair gas regulators	2003	2,369	237	10	237		454	25
26	ABC GTMech-repair water heater	2003	1,818	182	10	182		333	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,460,991	\$ 294,164		\$ 308,919	\$ 14,755	\$ 4,198,305	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 8,460,991	\$ 294,164		\$ 308,919	\$ 14,755	\$ 4,198,305	1
2	TSN Inc - DSL Cable	2004	990	91	10	91		91	2
3	Aquarium Main Serv-replace mixing valves	2004	10,501	1,225	5	1,225		1,225	3
4	ABC-new flooring	2004	2,100	157	10	157		157	4
5	Aqua Service-boiler mixing valve/storage tank prep	2004	1,205	161	5	161		161	5
6	Aqua Service-boiler mixing valve/storage tank prep	2004	2,906	387	5	387		387	6
7	Aqua Service-rebuilt valves,plumbing	2004	3,002	400	5	400		400	7
8	ABC-new flooring	2004	2,276	114	10	114		114	8
9	ABC-hot water heater/valve repair	2004	2,215	258	5	258		258	9
10	Equipment Int'l-repair laundry equipment	2004	2,305	77	5	77		77	10
11	ABC-elevator repairs	2004	3,260	109	10	109		109	11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,491,751	\$ 297,143		\$ 311,898	\$ 14,755	\$ 4,201,284	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 8,491,751	\$ 297,143		\$ 311,898	\$ 14,755	\$ 4,201,284	1
2									2
3	Related Party-Forum:								3
4	Leasehold Improvement-Remodeling	1980	12,303		15			12,303	4
5	Leasehold Improvement-Remodeling	1980	19,273		20			19,273	5
6	Leasehold Improvement-Tenant Improvement	1987	996		13			996	6
7	Leasehold Improvement-AMS Remodel	1988	14,339		10			14,339	7
8	Leasehold Improvement-Roof	1994	3,572	223	16	223		2,234	8
9	Leasehold Improvement-Build.Improv.	1996	1,259	79	16	79		704	9
10	Leasehold Improvement-Asphalting	2000	98		3			98	10
11	Leasehold Improvement-DAI	2001	172	17	10	17		54	11
12	Leasehold Improvement-Bathrooms	2002	733	82	7	82		181	12
13	Leasehold Improvement-Suite Renovation	2003	1,638	164	10	164		328	13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	1,820	148	7	148		148	14
15	Leasehold Improvement-Add-on Improvement, fixture base	1980	79		23			79	15
16	Leasehold Improvement-Add-on Improvement, lighting base	2001	137	27	5	27		103	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26	Related Party-AMS:								26
27	Leasehold Improvement-Remodeling	1993	5,938		7			5,938	27
28	Leasehold Improvement-Remodeling	2002	4,861	608	7	608		1,215	28
29	Leasehold Improvement-Remodeling	2003	5,085	775	7	775		1,394	29
30									30
31									31
32									32
33	Forum Extended Care, LLC-building/building improv	1999	13,393	266	30	266		2,041	33
34	TOTAL (lines 1 thru 33)		\$ 8,577,447	\$ 299,532		\$ 314,287	\$ 14,755	\$ 4,262,713	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 543,552	\$ 47,468	\$ 47,468	\$	varies	\$ 356,180	71
72	Current Year Purchases	57,279	3,588	3,588		varies	3,588	72
73	Fully Depreciated Assets	515,823	2,724	2,724		varies	515,823	73
74								74
75	TOTALS	\$ 1,116,654	\$ 53,780	\$ 53,780	\$		\$ 875,591	75

D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Car engine/bus/van	Various/Dodge	98-'04	\$ 8,164	\$ 130	\$ 130	\$	3	\$ 7,981	76
77										77
78	Vehicle	Midwest Transit Equip	2001	49,826	9,965	9,965		5	39,861	78
79										79
80	TOTALS			\$ 57,990	\$ 10,095	\$ 10,095	\$		\$ 47,842	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 10,069,324	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 363,407	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 378,162	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 14,755	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,186,146	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	n/a	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Related party - costs are backed out
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?  
If NO, see instructions.
- ☐ YES
- ☒ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.  
This amount was calculated by dividing the total amount to be amortized  
by the length of the lease
- 
- 

9. Option to Buy:
- ☐ YES
- ☒ NO
- Terms:
- \*

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
- ☒ YES
- ☐ NO
16. Rental Amount for movable equipment: \$ 4,949
- Description: Copy machine lease
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Transport	various	\$ 1,556.42	\$ 18,677	17
18					18
19	Related party-AMS		2,068.67	24,824	19
20					20
21	TOTAL		\$ 3,625.09	\$ 43,501	21

10. Effective dates of current rental agreement:

Beginning 6/00

Ending 7/10

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2005	\$ 720,086
13.	/2006	\$ 720,086
14.	/2007	\$ 720,086

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

Skilled nurses on site

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER AIDE

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER AIDE

☐

☐

B. EXPENSES

		ALLOCATION OF COSTS (d)			
		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 223,662	\$		\$ 223,662	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			31,042			31,042	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			353,092			353,092	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescripts				117,968		117,968	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):	See Pg 16A				(215,790)	303,966		88,176	13
14	TOTAL			\$		\$ 392,006	\$ 421,934		\$ 813,940	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Page 16
Col 5: PT,OT, & ST
Col 6: Other
Amount

XIV. SPECIAL SERVICES (Direct Cost)

Service

1. OT	39-3	\$223,661.90
2. ST	39-3	31,042.16
3.		
4. PT	39-3	353,092.20
5.		
6.		
7.		
8.		
9. Pharmacy	See pg 16	157,400.72
Plus: Related Party- Forum Drugs		(21,637.00) See Pg 6C
Plus: Related Party- Forum I.V.		(17,796.00) See Pg 6C
Total to line 9 Pharmacy		117,967.72
10.		
11.		
12. Exceptional Care-Column 3	See pg 16	0.00
12. Exceptional Care-Column 6	See pg 16	0.00
13 Other Lab,x-ray therapy,mattress, Pyramid billings		300,116.14
Related Party- Pyramid		(30,290.00) See Pg6B
Related Party- CPT		(215,790.00) See Pg6D
Oxygen Cost0-IDPA		34,140.00
Total to line 13		88,176.14
14. Total		813,940.12



This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$	\$ 23	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 125,000 )	2,323,139	2,323,139	3
4	Supply Inventory (priced at )	587	587	4
5	Short-Term Investments		239,433	5
6	Prepaid Insurance		44,389	6
7	Other Prepaid Expenses	709	709	7
8	Accounts Receivable (owners or related parties)	1,387,438	1,387,438	8
9	Other(specify): Due from 3rd parties	53,099	53,099	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 3,764,972	\$ 4,048,817	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments		52,347	12
13	Land		290,687	13
14	Buildings, at Historical Cost		8,215,471	14
15	Leasehold Improvements, at Historical Cost	557,266	557,266	15
16	Equipment, at Historical Cost	489,074	1,088,008	16
17	Accumulated Depreciation (book methods)	(721,561)	(4,789,573)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
	Accumulated Amortization -			
20	Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 324,779	\$ 5,414,206	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 4,089,751	\$ 9,463,023	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,553,008	\$ 1,553,008	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	94,304	94,304	28
29	Short-Term Notes Payable	18,201	108,836	29
30	Accrued Salaries Payable	327,928	327,928	30
	Accrued Taxes Payable			
31	(excluding real estate taxes)	19,785	19,785	31
32	Accrued Real Estate Taxes(Sch.IX-B)		168,800	32
33	Accrued Interest Payable	368,150	411,565	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	Accrd ins,exp,idpa,sales tax,etc	412,590	412,590	36
37	Due to related parties		142,261	37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 2,793,966	\$ 3,239,077	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	444,085	444,085	39
40	Mortgage Payable	873,856	9,613,523	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	Deferred Easement Award		62,980	43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ 1,317,941	\$ 10,120,588	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 4,111,907	\$ 13,359,665	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ (22,156)	\$ (3,896,642)	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 4,089,751	\$ 9,463,023	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,841	1
2	Restatements (describe):		2
3	External audit adjustments made after 2003 cost report		3
4	was submitted. These have no effect on prior years report	(115,400)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (113,559)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	91,403	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 91,403	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (22,156)	24 *

\* This must agree with page 17, line 47.

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC # 0036640 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

**Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.**

1			
	Revenue	Amount	
	<b>A. Inpatient Care</b>		
1	Gross Revenue -- All Levels of Care	\$ 9,001,737	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 9,001,737	3
	<b>B. Ancillary Revenue</b>		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	105,582	6
7	Oxygen	32,837	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 138,419	8
	<b>C. Other Operating Revenue</b>		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	12	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	31	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	(16,177)	19
20	Radiology and X-Ray	9	20
21	Other Medical Services	65,114	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 48,989	23
	<b>D. Non-Operating Revenue</b>		
24	Contributions		24
25	Interest and Other Investment Income***	35	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 35	26
	<b>E. Other Revenue (specify):****</b>		
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>Recovery of bad debt/misc income</u>	1,517	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 1,517	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 9,190,697	30

2			
	Expenses	Amount	
	<b>A. Operating Expenses</b>		
31	General Services	1,489,180	31
32	Health Care	3,051,103	32
33	General Administration	2,132,864	33
	<b>B. Capital Expense</b>		
34	Ownership	1,213,032	34
	<b>C. Ancillary Expense</b>		
35	Special Cost Centers	1,099,470	35
36	Provider Participation Fee	113,645	36
	<b>D. Other Expenses (specify):</b>		
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 9,099,294	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	91,403	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 91,403	43

\* This must agree with page 4, line 45, column 4.

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

\*\*\*\* Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)  
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,239	2,255	\$ 80,959	\$ 35.90	1
2	Assistant Director of Nursing	920	1,040	27,939	26.86	2
3	Registered Nurses	24,320	25,528	749,370	29.35	3
4	Licensed Practical Nurses	22,719	24,039	592,679	24.65	4
5	Nurse Aides & Orderlies	77,055	79,938	964,242	12.06	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,078	2,304	33,189	14.40	8
9	Activity Director	1,240	1,280	31,593	24.68	9
10	Activity Assistants	5,865	6,245	55,117	8.83	10
11	Social Service Workers	1,992	2,080	39,315	18.90	11
12	Dietician					12
13	Food Service Supervisor	2,800	2,960	80,121	27.07	13
14	Head Cook	5,664	6,160	69,541	11.29	14
15	Cook Helpers/Assistants	27,761	29,378	246,224	8.38	15
16	Dishwashers					16
17	Maintenance Workers	1,968	2,080	31,196	15.00	17
18	Housekeepers	20,690	22,098	195,874	8.86	18
19	Laundry	5,544	6,031	47,207	7.83	19
20	Administrator	2,080	2,080	98,307	47.26	20
21	Assistant Administrator					21
22	Other Administrative	5,280	5,680	140,586	24.75	22
23	Office Manager					23
24	Clerical	4,440	4,636	51,908	11.20	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,684	3,724	105,764	28.40	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,976	2,104	45,192	21.48	31
32	Other Health CaClinSuppSuperv	1,768	1,904	63,958	33.59	32
33	Other(specify) Alzheimer Care	4,119	4,387	46,606	10.62	33
34	TOTAL (lines 1 - 33)	226,202	237,931	\$ 3,796,887 *	\$ 15.96	34

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	monthly	\$ 9,600	1-3	35
36	Medical Director	monthly	37,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	monthly	4,968	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	45	2,464	11-3	44
45	Social Service Consultant	21	1,204	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	66	\$ 55,236		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$ N/A		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		\$		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description		Amount	Description	Amount
Dalicandro, Don	administrator	0	\$ 98,307	Workers' Compensation Insurance	\$	86,167	IDPH License Fee	\$
				Unemployment Compensation Insurance		43,643	Advertising: Employee Recruitment	490
				FICA Taxes		280,977	Health Care Worker Background Check	373
				Employee Health Insurance		71,457	(Indicate # of checks performed 53 )	
				Employee Meals		32,633	Surety Bond Fees	850
				Illinois Municipal Retirement Fund (IMRF)*			IL Health Care Association	7,373
				Dental & Life insurance		1,241	Secretary of State/US Treasury	225
				Employee relations & Misc p/r		3,562	Health Care Times/Ext Care Info	400
				Drug tests, vaccinations,401k match		7,062	Bloomindale Chamber of Commerce	500
				Mktg Mgr employee benefit reduction		(5,020)	Related party-AMS	595
							Less: Public Relations Expense	( )
							Non-allowable advertising	( )
							Yellow page advertising	( )
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 98,307	TOTAL (agree to Schedule V, line 22, col.8)	\$	521,722	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 10,806
(List each licensed administrator separately.)								
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
			\$				Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3)			\$				Misc auto & travel	656
(Attach a copy of any management service agreement)							Gas expense	8,438
C. Professional Services							Related party-AMS	14,787
Vendor/Payee	Type		Amount				Seminar Expense	
AMS	Management fees	\$	675,884				Alzheimer's Association	250
BDO	Accounting fee		11,569				IL Health Care Assoc.	1,376
K Fisch/B Greenburg	Legal fees:non-collection		8,718				Entertainment Expense	( )
Ken Fisch	Legal fees:collections		23,316				(agree to Sch. V, line 24, col. 8)	
KPMG	Accounting fee		123				TOTAL	\$ 25,507
Jennings Law Firm	Retirement planning		130					
Dana Consulting	401k plan		400					
Medi.Com	Billing consulting		441					
Dart Chart	Medicare consultant		52,184					
TOTAL (agree to Schedule V, line 19, column 3)			\$	TOTAL		\$		
(If total legal fees exceed \$2500 attach copy of invoices.)			772,765					

\* Attach copy of IMRF notifications

\*\*See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
1	Painting/hvac/pump rep's	2-10/92	\$ 6,223	5	\$	\$	\$	\$	\$	\$	\$	\$	\$
2	Plumbing/painting	7-10/94	10,767	5									
3	Painting/hvac repairs	1-12/95	14,370	3-10									
4	Painting/hvac damper rep	1-12/96	21,136	3-10	656	656	656	656	656				
5	sprinklers/hvac repairs	5-11/97	12,867	3	0								
6	hvac repair	6/98	2,089	3	290	0							
7	painting>\$1,500 ytd 1999	7/99	10,794	3	3,598	1,799	0						
8	ABC(repair pole)	9/00	1,278	3	426	426	284	0					
9	GT Mech.(repair A/C)	8/00	1,545	3	515	515	301	0					
10	painting>\$1,500 ytd 2000	7/00	10,444	3	3,481	3,481	1,741	0					
11	CSI (repalce boiler)	5/01	4,312	3	958	1,437	1,437	480					
12	Capps Plumbing	9/01	1,645	3	183	548	548	366					
13	ABC (misc repairs)	10/02	1,392	3		116	464	464	348				
14	GT (cooling tower repair)	7/02	2,216	3		369	739	739	369				
15	ABC (misc repairs)	09/02	1,774	3		197	591	591	395				
16	ABC(misc repairs)	01/03	1,483	3			494	494	494				
17	AMS - painting	12/03	770	3			21	257	257	235			
18													
19													
20	TOTALS		\$ 105,105		\$ 10,107	\$ 9,544	\$ 7,276	\$ 4,047	\$ 2,519	\$ 235	\$	\$	\$

XX. GENERAL INFORMATION:

- (1)

Are nursing employees (RN,LPN,NA) represented by a union?

no
- (2)

Are there any dues to nursing home associations included on the cost report?

yes

If YES, give association name and amount.

IL Health Care Association - \$10,692
- (3)

Did the nursing home make political contributions or payments to a political action organization?

yes

If YES, have these costs been properly adjusted out of the cost report?

yes
- (4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?

no

If YES, what is the capacity?
- (5)

Have you properly capitalized all major repairs and equipment purchases?

yes

What was the average life used for new equipment added during this period?

10 yrs
- (6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$31,214

Line

10
- (7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?

yes

If NO, attach a complete explanation.
- (8)

Are you presently operating under a sale and leaseback arrangement?

no

If YES, give effective date of lease.
- (9)

Are you presently operating under a sublease agreement?

YES

X

NO
- (10)

Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YES

NO

X

If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
- (11)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period.

\$113,645

This amount is to be recorded on line 42 of Schedule V.
- (12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?

no

If YES, attach an explanation of the allocation.
- (13)

Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

yes
- (14)

Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?

no

For example, is a portion of the building used for rental, a pharmacy, day care, etc.)

If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.

\$32,633

Has any meal income been offset against related costs?

no

Indicate the amount.

\$n/a
- (16)

Travel and Transportation

a. Are there costs included for out-of-state travel?

no

If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents?

no

If YES, please indicate the amount of income earned from such a program during this reporting period.

\$

c. What percent of all travel expense relates to transportation of nurses and patients?

0

d. Have vehicle usage logs been maintained?

n/a

e. Are all vehicles stored at the nursing home during the night and all other times when not in use?

n/a

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

n/a

g. Does the facility transport residents to and from day training?

no

Indicate the amount of income earned from providing such transportation during this reporting period.

\$n/a
- (17)

Has an audit been performed by an independent certified public accounting firm?

no

Firm Name:

The instructions for the cost report require that a copy of this audit be included with the cost report.

Has this copy been attached?

n/a

If no, please explain.

not required
- (18)

Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V?

yes
- (19)

If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report?

yes

Attach invoices and a summary of services for all architect and appraisal fees.

Alden Nursing Center - Valley Ridge

Reporting Period Beginning

1/01/04

Reporting Period Ending

12/31/04

Page 24

Reclassifications - Pgs 3 and 4

From Line	To Line	Amount	Description
2		(32,633)	Employee Meal
	22	32,633	Employee Meal
22		(7,865)	Uniforms
	1	876	Uniforms
	3	459	Uniforms
	4	110	Uniforms
	6	65	Uniforms
	10	3,839	Uniforms
	21	2,516	Uniforms
		<hr/>	
		0	Net should be 0